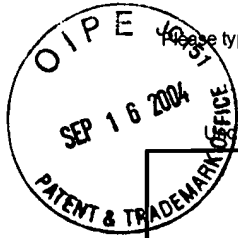


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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 5px 0;">(to be used for all correspondence after initial filing)</p>		Application Number	10/826,472				
		Filing Date	April 16, 2004				
		First Named Inventor	MONJE, MICHELLE L.				
		Group Art Unit	1636				
		Examiner Name					
Total Number of Pages in This Submission		3	Attorney Docket Number	STAN-303			
<b>ENCLOSURES (check all that apply)</b>							
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation  <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="margin-left: 20px;">           1. Supplemental ADS            2. Postcard         </div> </td> </tr> </table>					<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">           1. Supplemental ADS            2. Postcard         </div>
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="margin-left: 20px;">           1. Supplemental ADS            2. Postcard         </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"></div> <div style="width: 60%; border: 1px solid black; padding: 2px;">Remarks</div> </div>							
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>							
Signing Attorney/Agent (Reg. No.)	PAMELA J. SHERWOOD, 36,677 BOZICEVIC, FIELD & FRANCIS, LLP						
Signature							
Date	September 16, 2004						

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EXPRESS MAIL CERTIFICATION

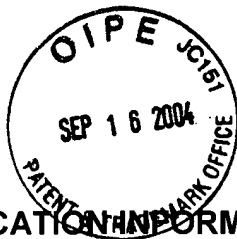
Date of Deposit: 09/16/2004 I hereby certify that the below-listed papers or fees were inserted into a package addressed to: Commissioner for Patents, PO BOX 1450, Alexandria, Virginia 22313-1450 and was deposited by me with the United States Postal Service "Express Mail Post Office Addressee" service under 37 C.F.R. § 1.10 on the date indicated above.

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Date

9-16-04

Atty. Docket No.	Serial Number	Description	Atty.	Fee
STAN-303	10/826,472	Transmittal, Supplemental ADS	PJS	
CELL-017	09/814,357	Transmittal, Petition for a 2 Month Extension of Time <i>in duplicate</i> , Amendment After Final Rejection	PJS	\$210
UCAL-280	10/809,777	IDS, SB08A, (32) Cited References	PAB	
GRUE-003	09/269,874	PTOL-85 <i>in duplicate</i>	PAB	\$665
LBLB-002CIPCON2	10/155,918	Transmittal, Restriction Requirement	KYB	
CELL-018CON	10/691,045	Transmittal, IDS, SB08A, Copy of (1) Cited Reference, Copy of EP Communication dated 08/18/04	PJS	
CELL-021	10/053,886	Transmittal, IDS, SB08A, Fee Sheet <i>in duplicate</i> , Copy of (1) Cited Reference, Copy of EP Communication dated 08/18/04	PJS	\$180



## APPLICATION INFORMATION

Application Type::	Utility
Title::	1PREVENTION OF DEFICITS IN NEUROGENESIS WITH ANTI- INFLAMMATORY AGENTS
Attorney Docket Number::	STAN-303
Request for Non-Publication?::	No
Assignee for Publication::	
Total Drawing Sheets::	8
Small Entity?::	Small
License US Govt. Agency::	No
Contract or Grant Numbers::	N/A
Sequence Submission?::	No
Computer Readable Form (CRF)?::	No

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## REPRESENTATIVE INFORMATION

Representative Customer Number:: 24353

## CONTINUITY INFORMATION

~~This application is a::~~

This application::

> Application One::

Filing Date::

~~Non Prov. Of Provisional~~

Claims benefit of

60/463,769

April 17, 2003

~~And is also a::~~

And this application::

> Application Two::

Filing Date::

~~Non Prov. Of Provisional~~

Claims benefit of

60/519,562

November 12, 2003

## PRIOR FOREIGN APPLICATIONS

Foreign Application One::

Filing Date::

Country::

Priority Claimed::